

Case Number:	CM14-0098758		
Date Assigned:	07/28/2014	Date of Injury:	08/29/2002
Decision Date:	08/29/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/27/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Texas and Ohio. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 62-year-old female with a reported date of injury on 08/29/2002. The mechanism of injury was noted to be cumulative injury. Her diagnoses were noted to include chronic pain syndrome, displacement of cervical intervertebral disc without myelopathy, cervical spondylosis with myelopathy, lumbosacral spondylosis without myelopathy, headache, adjustment disorder with mixed anxiety and depressed mood, and disc displacement with radiculitis to the lumbar region. Her previous treatments were noted to include chiropractic care, injections, medications, cervical medial fringe blocks, radio frequency lesioning, and physical therapy. On a progress note dated 06/04/2014, the injured worker complained of stiffness to her lower back with bilateral lower back pain and chest pain that radiated to the right leg and some pain that radiated to the middle of her right back. The injured worker rated her pain 8-9/10 as the worst pain and the usual pain is 1-2/10. The injured worker complained the pain had been worse, her sleep pattern was worse, and functionality was the same. The physical examination revealed normal range of motion to the neck, full range of motion to the extremities with full muscle mass and muscle tone. The physical examination of the spine noted flattening of the normal lumbar lordosis, positive straight leg raise on the right, and diffusely tender bilaterally facet tenderness. There was tenderness bilaterally to the sacroiliac joints with a positive Ganslen's, positive Faber's, positive compression test, positive distraction test, and positive thigh thrust. The spine extension was restricted and painful. The injured worker was showing anxiety, frustration, and anger. The Request for Authorization form, dated 06/04/2014, was for Norco 10/325 mg 1 every 6 hours for 30 days #120 for pain.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Norco 10/325mg Count #120 Wean Target Of Completely Off The Medication Over 1-2 Months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management, page 78 Page(s): 78.

Decision rationale: The request for Norco 10/325 mg count 120 wean target of completely off the medication over 1 to 2 months is non-certified. The injured worker's been utilizing this medication since at least 12/20/2013. The injured worker reported her usual pain score was 1 to 2 out of 10 and that her pain was worse, the sleep pattern was worse, and functionality was the same. The injured worker reported that with medications, she was able to get out of bed, do laundry, brush her teeth, vacuum, sleep, mop, and bend to empty the dishwasher. No adverse effects with the use of medications was noted. The provider indicated a urine toxicology screening and a narcotic medication pill count were performed at every visit. However, the provider did not indicate whether the urine drug screens were consistent or not. Therefore, despite evidence of significant pain relief, increased functional status, absence of adverse effects, without details regarding urine drug testing to verify appropriate medication use and of the absence of adherent behavior, the ongoing use of opioid medication is not supported by the guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. As such, the request is non-certified.